

CORNWALL COUNTY COUNCIL  
EDUCATION COMMITTEE

Annual Report  
OF THE  
PRINCIPAL SCHOOL MEDICAL  
OFFICER

1958



R. N. CURNOW, M.B., B.S., D.P.H.



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OSCAR BLACKFORD, LTD., PRINCES STREET, TRURO.

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REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER  
FOR THE YEAR 1958.

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Health Department,  
County Hall,  
Truro.  
February, 1959.

To the Chairman and Members of the  
Education Committee of the Cornwall  
County Council:—

I have the honour to present a report dealing with the School Health Service for the year 1958.

The health of the school children in Cornwall continued to be satisfactory.

In the body of the Report will be seen an interesting little experiment on ventilation, which was carried out in co-operation with The County Architect and Messrs. Weatherfoil Heating Systems Ltd. in two similar new classrooms at St. Austell. We have reason to be grateful to Messrs. Weatherfoil for making the experiment possible, and for providing free of charge the necessary ventilating apparatus. We were able to interest the Medical Research Council and the Public Health Laboratory Service in this experiment, and received invaluable assistance from Dr. R. E. O. Williams and Dr. Spicer of the Medical Research Council, and Dr. Moore of the Public Health Laboratory Service. The results of the experiment were rather unexpected, and as will be seen in the very brief account included in this volume, some very unusual features emerged and will be of use in future ventilation experiments. It is proposed to carry out further experiments on the ventilation of teaching spaces in conjunction with Messrs. Weatherfoil in the near future. None of this could have been done without the help and encouragement we received from the Secretary for Education and his Staff, particularly the teaching staff of the St. Austell Infants' School, and the assistance also of Dr. Elliott and the County Public Health Officers.

The steady progress in improving sanitary arrangements at our Schools, which has been such a feature of the Education Committee's programme for a number of years now, will mean that if the 1959/60 Programme can be completed there will be no privies left in County

Primary Schools, and only 8 such Schools will have chemical bucket sanitation. So far as the Voluntary Aided Schools are concerned, the position again is very much more satisfactory than it has been for years. There are no Schools with privies and only 13 have chemical bucket sanitation. This picture has changed completely from that which greeted me on arriving in Cornwall 20 years ago.

Another satisfactory report of progress can be made in connection with the infestation of the heads of school children in Cornwall, which is found euphemistically under the heading of Cleanliness in the body of the report. We have been helped in tackling this problem by the invention of new insecticides and by the very considerable help we have received from District Councils. Out of every 1,000 children 20 years ago, 100 had evidence of lice in their heads; the corresponding figure last year was 6. In fact, as will be seen in the report itself, 82% of our Primary Schools are steadily completely free from this plague.

The pressure of the vaccination scheme against acute anterior poliomyelitis on the services of the Medical Officers continued very heavy throughout the year. Their work was only accomplished by very careful planning and by sheer hard work on their part. I must repeat again the warning that I gave in my Annual Report of last year, that with the ever-increasing load on the School Health Staff, the time will inevitably come when an increase of staff will have to be provided.

At the time of writing this report, I have learnt with the deepest regret that Dr. Elliott will be retiring during the coming year. The Committee, I know, are fully aware of the inspiration with which he has guided the destinies of the School Health Service for some time. There is no doubt that the children in this County owe him a deep debt of gratitude. He will be missed.

Finally, I must thank the Staff of the School Health Department for their support throughout the year, and the Chairman and Members of the Education Committee, the Secretary for Education and his Staff, the Teachers and the various Voluntary Bodies associated with the School Health Service.

I am,

Your obedient Servant,

R. N. CURNOW,  
Principal School Medical Officer.

## **STAFF**

### **Principal School Medical Officer:**

R. N. CURNOW, M.B., B.S., D.P.H.

### **Deputy Principal School Medical Officer:**

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

### **Senior School Medical Officer:**

C. C. ELLIOTT, D.S.C., V.R.D., M.D.

### **School Medical Officers:**

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.

MARGOT M. COOK, M.D., D.T.M. & H.

C. L. KNIGHT, M.R.C.S., L.R.C.P., D.P.H.

JEAN D. McMILLAN, B.Sc., M.B., Ch.B.

\*W. PATERSON, M.B., Ch.B., D.P.H.

\*J. REED, M.B., Ch.B., B.Sc., D.P.H.

B. ROBERTS, M.R.C.S., L.R.C.P.

WINIFRED M. RYAN, M.R.C.S., L.R.C.P.

G. W. WARD, M.B., Ch.B., D.P.H.

\*Also Assistant County Medical Officer.

### **Principal School Dental Officer:**

A. H. MILLETT, L.D.S. (Resigned 9.3.58)

C. A. REYNOLDS, L.D.S. (Commenced 6.6.58)

### **Dental Officers:**

#### **Whole time:—**

P. S. R. CONRON, L.D.S. (Resigned 26.6.58)

H. J. EAGLESON, L.D.S.

W. H. ELLAM, B.D.S.

R. H. HAMLYN, L.D.S.

D. A. PATTERSON, L.D.S.

E. R. TRYTHALL, L.D.S.

#### **Part time:—**

K. BATTE, L.D.S.

J. J. GILLARD-BISHOP, L.D.S. (Resigned 5.12.58)

Mrs. M. E. GOODYEAR, L.D.S. (Commenced 3.9.58)

Mrs. S. M. SATCHEWELL, B.A., L.D.S. (Commenced 8.9.58)

C. SKINNER, L.M.S.S.A., L.D.S.

Mrs. L. SMITH, B.D.S. (Commenced 30.9.58)

G. TUNSTALL, L.D.S.

I. E. WHITLING, L.D.S. (Commenced 6.10.58)

**Speech Therapists:**

Miss G. O. FELL, L.C.S.T.

Miss B. M. GROSSSMITH, L.C.S.T.

**Educational Psychologist:**

J. E. COLLINS, B.A., Ph.D., Dip. Ed. Psych., A.B.Ps.S.

**Assistant Educational Psychologist:**

J. J. GROVER, B.A., Dip. Ed. (commenced 1.9.58).

**Social Worker:**

MISS B. ROGERS, Social Science Diploma.

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**STATISTICS**

Population 1958 (approximate)	...	...	...	339,000
School Population	...	...	...	48,615
Number of Schools:--				
Nursery	...	...	1 with	40 pupils
Primary	...	...	302 with	29,319 pupils
Grammar	...	...	21 with	6,903 pupils
County Secondary	...	...	26 with	11,256 pupils
Further Educational Establishments	...	...	4 with	1,004 full-time pupils
Special:				
E.S.N.	...	...	1 with	63 pupils
Hospital	...	...	2 with	30 pupils

**MEDICAL INSPECTIONS**

The general health and well-being of the school children in Cornwall continues at the high level of previous years. There were no serious epidemics during the year.

The Routine and Special Medical Inspections have continued unchanged as the present arrangements are satisfactory and no practic-

able methods have yet been found as alternatives. The following table shows the age groups in which the children were inspected:—

GROUP	AGE WHEN INSPECTED	SCHOOLS CONCERNED
<b>Routine Inspections</b>		
First Age Group	Normally 5—6 years	Primary
Second Age Group	11—12 years	Secondary
	12—13 years	Primary
Third Age Group	During last year of compulsory school attendance	Primary or Secondary
<b>Additional Inspections</b>		
Vision Test	8 years	Primary
Vision Test	12 years	Primary or Secondary
Vision Test	13 years	Primary or Secondary

In spite of the considerable increase in work caused mostly by the increase in preventive inoculations, all schools have been visited at least once during the year. However, if adequate medical examinations are to be carried out, careful consideration will have to be given to the apportionment of the School Doctors' time and especially to the amount of clerical work they have to do. It is not generally understood that the School Doctors have no clerical assistance but it is difficult to see how this can be remedied without a serious increase in clerical staff.

The experiment described last year in the Bodmin Area is continuing and will be extended to other suitable schools as it has been found to be of great value because it combines the Routine Medical Inspections with frequent visits to the schools and so possesses double advantages. Comments on this experiment by Dr. Reed will be found on page 41

### CLEANLINESS

The reduction in the number of cleanliness inspections has continued. During 1958, 250 Primary Schools in the county were found to be "clean" and will only be visited by the School Nurse once a

term in this connection. Only 52 Primary Schools will require monthly visits.

19 of the 26 County Secondary Schools were classified as "clean" and in these 19 schools, cleanliness inspections of new entrants only will be made in September each year together with any children of families known to have constant infestation.

In the 21 County Grammar Schools only the new entrants are inspected in September of each year.

The number of individual children found to be unclean during 1958 was 311, which is 0.64% of the school population.

During 1958, 6 compulsory cleansing orders were made, 4 of which were for children of 2 families.

These figures are very encouraging to all those who have put in so much hard work during the year. The incidence of infestation is now reaching the stage where further reduction can only take place by the rehabilitation of the relatively few "problem" families still in the county.

### CO-ORDINATION AND CO-OPERATION

It is encouraging to report that co-operation between the School Medical Officers and the General Practitioners continues to improve and as this is of the utmost value to the school children in the county, it is obvious that the better this co-operation is the better the standard of medical attention on both sides.

It has been suggested that a final summing up of a child's school medical history should be sent to the Family Doctor. This would entail much unnecessary clerical work as in this county the Family Doctor is already being given a "running commentary" on the progress of all handicapped children and is in many cases consulted by the School Doctor concerned so that the best advice can be given to the parent of the child. The suggested procedure for informing General Practitioners about immunisations of the school leavers would also cause duplication of effort as this information is always sent to them during the child's school life.

Most Hospital Consultants have sent copies of reports on children under their care. These reports are of great value to the School Doctors and assist them in making decisions about Special Educational Treatment of Handicapped Children. Reports received on children not actually handicapped are most helpful and enable the School

Doctors to obtain a complete picture of the medical history of the child. All the Medical Officers are grateful to the Consultants for their reports and for their assistance in many other ways especially in their continued help to the School Doctors in their visits to hospitals as Clinical Assistants.

There is a tendency in some of the larger schools to think that the School Health Service takes up too much school time. This is probably due to some of the Heads not fully realising that although the work of the School Doctor does not show sudden spectacular results, it does continually keep under review all the children in the school and is of assistance to both children and teachers in many ways. Preventive Medicine in any case is never spectacular and tends for that reason to be considered of little importance.

### SPEECH THERAPY

The following is a list of the clinics:—

Clinic	Address	Frequency
Bodmin	Narissa Hall	Weekly
Bude	The Castle Clinic	Weekly
Camborne	The Community Centre	2 a week
Falmouth	Health Clinic	Weekly
Helston	Meneage House	Weekly
St. Ives	Health Clinic	Weekly
Launceston	Health Clinic	Weekly
Liskeard	Health Clinic	Weekly
Penzance	Health Clinic	Weekly
Saltash	The Dental Centre	Weekly
St. Austell	Health Clinic	Weekly
Truro	County Hall	Weekly
Wadebridge	Health Clinic	Weekly

In addition Miss Grossmith attends 1 half day a week at the Royal Cornwall Infirmary, Truro.

### Record of numbers of cases treated

Number of children receiving treatment at the end of the year	...	224
Number of children discharged during the year	...	129
Of those discharged:—		
Speech normal or improved	...	82
Other reasons—lack of attendance, etc.	...	47
Number of attendances by cases during the year	4,381	

## **Types of Speech Defects and Disorders being dealt with at the end of the year**

Stammer	...	68
Defects of articulation—e.g. Dyslalia	...	107
Other cases	...	49
	—	
	224	

Miss B. M. Grossmith, the Speech Therapist for West Cornwall reports as follows:—

### **Referrals**

There have been 75 referrals to the West Cornwall Speech Clinics this year.

It has been pointed out in previous reports that there is sometimes a failure to refer to the clinic children who are in need of speech therapy. It has come to my notice that this is sometimes due (particularly in the case of infants) to the fact that the S.M.O., when examining the child, finds that the parents would be unable for some reason to make the journey to the clinic. In these cases the therapist can rely on the S.M.O. to keep the child in view until circumstances are more favourable.

Those children who are being referred are mostly in the lower age-range. Only seventeen of the 75 referred this year were over 11 years, and the defects in these older children were almost invariably slight.

### **Treatment in Schools**

Last October arrangements were made to give some treatment each week on the premises of Roskear Junior Boys' School. This is an asset, as a number of the boys attending the clinic from this school were notorious defaulters!

It is thought that this policy, started at Penryn School 2 years ago, could perhaps eventually be employed in other centres as a supplement to clinic work.

### **Capacity**

In spite of the efforts of the therapist to keep all clinics working to capacity, it is found that the attendances at each fluctuate considerably. The position at the end of the year found the Truro and Camborne clinics with growing waiting-lists. The Helston and St. Ives clinics have been better attended this year than last; Falmouth and Penzance have fallen below capacity. The whole picture, however, is liable to be quite different at the end of another 6 months.

## STATISTICS

### Distribution of Cases throughout the Clinics

Clinic	Under Treatment	Under* Observation	Waiting List
Camborne	... 25	16	11
Falmouth and Penryn	... 17	10	—
Helston	... 10	3	—
St. Ives	... 9	4	1
Penzance	... 14	9	1
Truro	... 12	6	6
	—	—	—
	87	48	19
	—	—	—

\*Period of Observation

This is a period generally lasting 3—6 months during which the child does not attend the clinic regularly, but is on call. It may occur:—

- (1) At the initial interview, if it seems expedient to postpone treatment either because the child's speech is likely to improve spontaneously, or else because present circumstances are unfavourable.
- (2) During treatment, usually because the child has reached a "plateau" in his progress, and a lull is indicated; occasionally for other reasons.
- (3) After treatment has rendered the child's speech normal or much improved, previous to official discharge, to cover the possibility of relapse.

### Referrals

The 75 children referred during 1958 in this area have been dealt with as follows:—

Receiving treatment	....	38
Under observation after treatment	...	4
Under observation prior to treatment	...	11
Treated and discharged	...	3
Waiting for admittance	...	19

Age-range of Referrals		Sex-distribution of Referrals	
5 and under	15	Boys	43
6—10	43	Girls	32
11 and over	17		

As is usual, by far the greater number of these referrals have had articulative defects, of whom half have been sigmatics."

Miss G. O. Fell, the Speech Therapist for East Cornwall reports as follows:—

"The year has shown steady progress in the Speech Clinics. The highest percentage of speech defective children have dyslalia or defective articulation. This results from various causes and varies in severity but in most cases children can be helped to completely normal speech. Laziness is often attributed as a cause and it is a fact that poor speech habits in family backgrounds will tend to retard language development. It has been noted that in some primary schools where there is pleasant encouragement to speak well during lessons, some of the early difficulties are overcome. A basic infantile pattern of oral muscular development is frequently found in children who are progressing satisfactorily in other fields. This can lead to unintelligibility.

The following table shows the distribution of cases at the various clinics:—

Clinic	Under Treatment	Waiting List
St. Austell	18	12
Bodmin	13	12
Bude	11	9
Launceston	10	11
Liskeard	12	7
Saltash	11	9
Wadebridge	14	14

It is proposed to make a survey into the numbers and distribution of speech defective children in representative schools during the coming year."

### CHILD GUIDANCE CLINICS

The following is a list of the clinics:—

Clinic	Address	Frequency
Hayle	Health Clinic	Weekly —Full Child Guidance
Camborne	Community Centre	Weekly)
St. Austell	Health Clinic	Weekly) } Educational Guidance and advice only

Children from the South East part of the county attend the Child Guidance Clinic in Plymouth. Thanks are due to the Plymouth Authority for their continued co-operation and the high standard of care given to the children concerned.

Dr. J. E. Collins the Educational Psychologist reports as follows:—

#### “ STAFF

The Child Guidance staff during 1958 consisted of 1 Educational Psychologist and 1 Social Worker until September when an Assistant Educational Psychologist took up duties and Dr. S. Prus, one of the Psychiatric Physicians from the Regional Hospital Board commenced full day sessions once weekly at the Hayle Health Clinic. Although the staff was diminished owing to the lack of a County Psychiatrist a total number of 448 cases was seen during the year and between September and December 60 patients attended the Hayle clinic. There were 41 intermittent treatment sessions at this clinic and 33 attendances at play therapy sessions.

#### STATISTICS OF NUMBERS OF CASES

Number of cases seen during 1958	...	448
New cases seen	...	355
Cases brought forward or re-referred	...	93
Cases referred but not yet seen	...	35

#### SOURCES OF NEW CASES

Educational Department and Teachers	...	213
School Medical Officers	...	73
Family Doctors, Hospitals	...	31
Probation Service	...	20
Children's Department	...	8
Miscellaneous (Mental Health, Welfare, etc.)	...	10

The number of children referred to Child Guidance has remained much as in 1957 when 473 were seen. The number attending the clinics has remained fairly constant at 127 children but it is clear that this number will increase now that the service is beginning to offer regular therapy. The Educational Psychologists saw many more children for educational guidance purposes than for any other reason. In this way 257 children have been helped with their learning problems by contact with teachers, parents, other agencies and special schools. Backward children in the Penzance, Camborne and St. Austell districts are now able to attend Adjustment Classes attached to the junior schools. A new class is to be opened in 1959 attached to the Wellington Terrace Jr. School in Falmouth to assist backward boys in that district. The provision of correct education for slow learning children during the junior school period is most important as it reduces the number of children in need of special educational treatment at the secondary level.

## CONDITIONS FOR WHICH ADVICE SOUGHT

Personality and Behaviour Disorders	...	74
Education and Vocational Difficulties	...	257
Disorders Manifesting as Dysfunction of Organs	...	4
Special Examinations	...	20

## SEX OF CASES

Female	...	108
Male	...	247

## AGES OF CHILDREN

Under 5 years	...	7
5 to 7 years	...	63
8 to 11 years	...	184
12 to 15 years	...	92
Over 15 years	...	9

## INTELLIGENCE

Severely subnormal	...	9
Borderline	...	84
Dull	...	151
Normal	...	90
Superior	...	21
Very Superior	...	—

## EMOTIONAL CONDITIONS

(of 127 children on whom advice was given at clinics)

Normal	...	42
--------	-----	----

Abnormal:—

(a) Psychological stress in the home	50
--------------------------------------	----

(b) Broken Homes:—	
--------------------	--

Adoptive parents	...	6
------------------	-----	---

Foster parents	...	3
----------------	-----	---

One parent only	...	19
-----------------	-----	----

Institutions	...	4
--------------	-----	---

(c) Material conditions inadequate	3
------------------------------------	---

The educational problems of the children seen have been similar to those seen in previous years. The majority have been held back by low mental level. The children referred for emotional reasons have again included many who could be helped by intermittent treat-

ment and may therefore be regarded as mild cases but it is likely now that the facilities are to hand that medical practitioners and school doctors will refer more cases requiring therapy and deep psychiatric help. The help that can be given by therapy may be illustrated by one case:—

John, aged 12, was noted as a partially sighted boy when he was 6½ years of age. For some years he managed quite well in the ordinary school but by 1958 retinal detachment had developed in both eyes. He was therefore absent from school for nearly six months and the parents were very anxious about his education. When arrangements were made for the boy to be admitted to a special school for the blind it was found that he was too immature to leave home for residential treatment. The headmaster of the school felt that he needed child guidance therapy. We are now able to provide this treatment and as a result the boy has made considerable progress in social contacts. After 16 sessions he appears fit and happy although still needing the security of his home rather than a special school. It is imperative for the boys' future adjustment to life that he should attend a special school and the progress that he has made indicates that a turning point has been reached so that when a vacancy occurs in the next school year there is every likelihood that he will be fit to take advantage of it. Without therapy it is difficult to see how this boy could have been helped at all.

#### CHILD GUIDANCE AIMS IN 1959

The aims in 1959 are to have at least three diagnostic and therapeutic sessions each week, two at the Hayle centre and one at the St. Austell Health Centre. A useful selection of play material is being built up and children are encouraged to attend regularly. The response of parents and children to date has been very good, so that it is hoped to report favourably on this treatment at the end of the year. Owing to the individual nature of this work the children have to be seen in small groups of four. This means that we will not be able to treat all cases requiring help but only the most severely disturbed. However, a start has been made and every step will be taken to extend its benefit.

#### EDUCATIONAL GUIDANCE FOR 1959

Now that there is an assistant psychologist, and we are fortunate in securing a psychologist with good teaching experience in secondary schools and full training in educational guidance, it will be possible for the school psychological service to expand.

The effort in the junior school will be devoted this year to selecting the most suitable candidates for the area adjustment classes and surveying other districts in the county to see how handicapped junior children there can be helped. The pioneer adjustment class at Alverton has already made one contribution by showing the value of these classes. It has now made a second contribution for during the Christmas period the class teacher Mr. Havelock-Davies and the Educational Psychologist have discussed the organisation, methods and materials used in the class to find the most successful methods of treatment and the most useful books and aids. This information will guide the setting up of the new adjustment class in Falmouth. At the secondary stage the psychologists feel it is imperative to assess the mental and educational levels of the very backward in the secondary modern schools as soon as practicable after their transfer from the junior stage. In child guidance work one constantly meets children of low intelligence who, because they had special facilities in learning and have not looked dull, have passed undetected into late adolescence when breakdown has taken place owing to social immaturity. One case can illustrate this:—

Mary, a girl of 14½, was brought to child guidance owing to thefts. The child was not in a high class at school and had been noted as having very little insight in school work but she had mastered reading to a 10 year level. This verbal facility masked the actual low level of her mental growth until she received a specialist examination with individual tests. Her quotient was then shown to be 69 which places her in the bottom 3% of the population. It is easy to understand that a child so backward is liable to breakdown socially.

This extent of the problem may be deduced from some figures from the selection tests. Approximately 300 children in each year group score below I.Q. 80 on these tests. These children will not all be both dull and socially defective but the only way to sort out the hard core of the backward is to visit every secondary modern school to interview the children and test the ones that clinical judgment suggests are severely retarded.

#### ENDSLEIGH HOUSE

Endsleigh House has continued to be an integral part and a valuable one of the Child Guidance Service. Several of the boys are now attending the Hayle Play Centre for treatment and the school reports for the majority indicate improvement. The boys are still being encouraged to join in social groups such as the Boy Scouts, Cubs and the Boys' Life Brigade. This mixing with other boys in organisations is helping them considerably.

The boys' homes are always the difficulty and although these are visited by the Social Worker throughout the year there is in some cases little that one can do to improve the parents attitude towards the childrens' difficulties."

### MINOR AILMENTS

The following is a list of these clinics as at the end of 1958:—

Clinic	Address	Frequency
Falmouth	Health Clinic	Daily
Penzance	Health Clinic	3 a week
Truro	Health Clinic	Daily

Summary of work done at the clinics during the year:—

Clinic	No. of individual children seen	No. of attendances made during year		
			...	...
Calstock	...	0		0 (closed 14/1/58)
Falmouth	...	12		21
Mousehole	...	0		0 (closed 14/1/58)
Penzance	...	31		113
Truro	...	13		31
	—	—	—	—
	56	165		
	—	—	—	—

Number of sessions held during the year ... 89

Types of new cases seen:

Ringworm—Scalp	...	...	...	0
Body	...	...	...	0
Scabies	...	...	...	0
Impetigo	...	...	...	1
Other skin diseases	...	...	...	0
Minor Eye Condition	...	...	...	1
Minor Ear Condition	...	...	...	0
Miscellaneous—Minor injuries, bruises, sores chilblains, etc.	...	...	...	42
	—	—	—	—
			44	
	—	—	—	—

Number of children cleansed ... ... 12

As anticipated last year, the work of the Minor Ailment Clinics has so decreased that two more clinics were closed early in 1958. However those clinics that remain open are so situated that they can still be used by the School Medical Officers for examining special cases and so are fulfilling a very useful purpose.

## EYE DEFECTS

The school eye clinics are the responsibility of the Hospital Management Committee and we are indebted to the Eye Specialists concerned for their work in connection with these clinics.

### Vision Tests

Children's vision is examined at 5, 8, 11, 12, 13 and 14 years. This may appear to be out of proportion to the general medical examinations but it has been found that the most common defect is that affecting vision. Children's vision can deteriorate at any time during their school life and often the child is unaware of this fact so the only way of ensuring that children are not being handicapped in their school work is by frequent routine eye tests.

For some time now the vision of all entrants has been examined by various methods. It has been found that the use of an illuminated translucent test type with the help of the "Pugmire and Sheridan" chart enables the School Doctors to obtain accurate results from the 5 year old children except in a very few cases. The number of entrants found to require treatment for defective vision was 352 out of 4,727 examined which is approximately 8%.

108 children were found at the examinations at 12 and 13 years to require first time appointments with the Eye Specialists.

### Treatment of Strabismus (Squint)

There does not appear to be any diminution in the incidence of squint in entrants to school. This is probably due to a greater awareness of the importance of the diagnosis and referral of these cases as it is believed that every case of squint however slight should be thoroughly investigated. It is encouraging to see that amongst these cases there are many who are recorded as requiring treatment although treatment is already being given.

### Amblyopia

Amblyopia means "wholly or partially blind in one eye" and is often referred to as "lazy eye." It is a permanent and serious handicap and there is always the danger of injury to the good eye which would of course render the child partially or totally blind.

The main cause of amblyopia is failure to diagnose and treat squint at the earliest possible moment. Every effort has been made to obtain early treatment for children with squints and this is showing good results as the number of new cases of amblyopia reported is steadily declining.

## EAR, NOSE AND THROAT DEFECTS

### Tonsillectomy

The returns requested by the Principal Medical Officer of the Ministry of Education have been continued this year.

The findings in Cornwall were:—

	No. of Children Inspected	No. found to have Tonsillectomy	Percentage
1st Age Group:—			
Boys	2,423	94	3.9
Girls	2,304	61	2.6
2nd Age Group:—			
Boys	2,924	430	14.7
Girls	2,644	361	13.6
3rd Age Group:—			
Boys	2,245	374	16.6
Girls	2,184	363	16.6

These figures show a lower incidence in Cornwall than in many other counties but this is not necessarily an advantage as in many cases it is very difficult to assess the need for operation and one has to be very sure that all children with chronic septic tonsils are constantly reviewed before deciding not to operate.

### Deafness

The assessment, treatment and education of deaf and partially deaf children requires the closest co-operation between many people and authorities if it is to be successful.

Cornwall is fortunate in having the benefit of this close and friendly co-operation and as a result the children concerned have every possible chance of overcoming their serious disability caused by all degrees of deafness.

The Plymouth Assessment Clinic opened during the year 1958 and several children from East Cornwall have been seen with encouraging results.

It is hoped that shortly a special Clinic will be opened at the Royal Cornwall Infirmary, Truro for the assessment and training of young deaf children from the West Cornwall Area. This clinic together with a follow-up clinic at Penzance would be used whenever possible so that the need to send children to London as at present will be reduced to those few cases which require very highly specialised

opinions. The responsibility for the Clinics will be shared between the Hospital Authorities and the County Council. The Ear, Nose and Throat Specialists will be in charge of the clinics and the services of the Senior Educational Psychologist will be required together with occasional attendances by the Speech Therapist. It will be necessary to appoint a teacher for the deaf to attend the clinics and to visit the children at school and in their homes as it is becoming increasingly obvious that deaf and partially deaf children of all ages require a considerable amount of expert tuition and encouragement if they are to keep up with their fellows.

The figures on pages 21 and 61 show the numbers of deaf and partially deaf children and the number wearing Hearing Aids.

## HANDICAPPED CHILDREN

All handicapped children in the County are visited frequently by the School Doctors and as far as can be ascertained they are being given every possible help to enable them to overcome the difficulties caused by their handicaps. In this connection it is pleasant to be able to report on the great care and consideration that these children are given by the teaching staff and the other children in the schools.

Whenever possible all handicapped children attending Special Schools are visited by the School Doctors during the holidays and it is found that these visits are of great value in many ways and especially in cases where the parents have problems which they wish to discuss with the School Doctors.

The number of children who were in Special Schools catering for their specific defect in January, 1959, and the number of pupils who were awaiting places in such schools in January, 1959, are given below. In certain categories the numbers receiving special educational treatment in ordinary schools at the end of the year 1958 are also shown.

### (1) Blind Pupils

Number of these pupils in a special school ...	13
Number awaiting a vacancy in a special school	2

### (2) Partially Sighted Pupils

Number of these pupils in a special school ...	3
Number awaiting a vacancy in a special school	2
Number receiving Special Educational Treatment in an ordinary school ...	6

<b>(3) Deaf Pupils</b>		
Number of these pupils in a special school ...	23	
Number awaiting a vacancy in a special school	3	
<b>(4) Partially Deaf Pupils</b>		
Number of these pupils in a special school ...	9	
Number awaiting a vacancy in a special school	1	
Number receiving Special Educational Treatment in an ordinary school ...	31	
<b>(5) Delicate Pupils</b>		
Number of these pupils in a special school ...	6	
Number awaiting a vacancy in a special school	—	
Number receiving Special Educational Treatment in an ordinary school ...	16	
<b>(6) Educationally Sub-normal Pupils</b>		
Number of these pupils in a special school ...	68	
Number awaiting a vacancy in a special school	42	
Number recommended for Special Educational Treatment in an ordinary school ...	188	
<b>(7) Epileptic Pupils</b>		
Number of these pupils in a special school ...	4	
Number awaiting a vacancy in a special school	1	
Number receiving Special Educational Treatment in an ordinary school ...	19	
<b>(8) Maladjusted Pupils</b>		
Number of these pupils in a special school ...	1	
Number awaiting a vacancy in a special school	3	
Number receiving special treatment and attending an ordinary school ...	113	
<b>(9) Physically Handicapped Pupils</b>		
Number of these pupils in a special school ...	18	
Number awaiting a vacancy in a special school	6	
Number receiving Special Educational Treatment in an ordinary school ...	58	
<b>(10) Pupils suffering from Speech Defect</b>		
Number of these pupils in a special school ...	0	
Number awaiting a vacancy in a special school	0	
Number receiving special treatment and attending an ordinary school ...	224	

**Number of Children in Special Schools or Hostels during all or some part of 1958**

**Blind and Partially Sighted**

Royal School of Industry for the Blind, Bristol	7
West of England School for the Partially Sighted, Exeter	6
Royal School for the Blind, Leatherhead	1
Worcester College for the Blind	1
Chorleywood College	1
Hethersett Training Centre, Reigate, Surrey	1

**Blind and E.S.N.**

Condover Hall School, nr. Shrewsbury	2
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**Deaf**

Royal West of England School for the Deaf, Exeter	23
Rayners Deaf School, Penn, Bucks.	1
Woodford Green Nursery School for Deaf Children	1
The Blind & Deaf School, Stoke on Trent	2
Hamilton Lodge School, Brighton	1

**Partially Deaf**

Royal West of England School for the Deaf, Exeter	7
Ovingdean Hall School, Brighton	1

**Delicate**

Heathercombe Brake, nr. Newton Abbot	4
Oak Bank Open Air School, Sevenoaks	5
Shaftesbury House, Rustington	1
Laleham School, Margate	1
St. Loyes College, Exeter	1

**Physically Handicapped**

Craig-y-parc School, Pentrech, Cardiff	1
St. Loyes College, Exeter	5
St. Mary's School, Bexhill	1
Exhall Grange School, Coventry	1
Heathercombe Brake School, nr. Newton Abbot	1
Dame Hannah Rogers School, Ivybridge	3
Trengweath School, Plymouth	3
Palace School, Ely	1

**E.S.N.**

Pencalenick School, Truro	Resident	58
	Day	17
Ryton Hall School, Wolverhampton	...	1
Swaylands School, Kent	...	2
St. Christopher's School, Bristol	...	1
Great Stony School, Essex	...	1

**Maladjusted**

Hurn Court School, Christchurch	...	1
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**E.S.N./Maladjusted**

Withycombe House School, nr. Exmouth	...	3
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**Epileptic**

Lingfield Hospital School	...	4
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**Home Tuition — Section 56 Education Act, 1944**

On 31st January, 1959, 22 children were receiving education under the provisions of Section 56 of the Education Act 1944.

**HOSPITAL SPECIAL SCHOOLS**

Number of children who have received tuition during the year at Hospital Special Schools maintained by this Authority:—

At Tehidy Sanatorium	...	36
At the Royal Cornwall Infirmary	...	73

Number of children who have received tuition during the year at Hospital Special Schools not maintained by this Authority, but for whom financial responsibility has been accepted for their education:—

Frenchay Park Hospital Bristol	...	18
Bristol Royal Infirmary	...	2
Bristol Children's Hospital	...	1
Princess Elizabeth Orthopaedic Hospital, Devon	...	2
Angela Orthopaedic Hospital, Devon	...	1
Lord Mayor Treloar Hospital, Hants.	...	1
Guy's Evelina Hospital, London	...	1
Tone Vale Hospital	...	1
St. Thomas', London	...	1
Marlborough Children's Hospital, Wilts.	...	1
Goldie Leigh Hospital, London	...	1
Chailey Heritage Hospital, Sussex	...	1
Mount Gold Hospital, Plymouth	...	44
South Devon and East Cornwall Hospital, Pymouth	...	25
Didworthy Sanatorium	...	6

## SECTION 57, EDUCATION ACT, 1944

There have been no alterations in the Local Education Authority's obligations in connection with this part of the Education Act, 1944. The following figures show the action that has been taken during 1958:—

Number of children reported under Sub-section 3	...	24
Number of children reported under Sub-section 4	...	0
Number of children reported under Sub-section 5	...	22

## CANTEENS

The following statistics relate to a day in the Autumn Term 1958:—

Number of School Departments in the County	...	353
Number of School Departments in which meals are available	...	339
Percentage of Departments receiving meals	...	96%
Number of Departments in which meals are not available	...	14
Number of School Canteens (i.e. places at which children dine)	...	308
Number of children present on day of return	...	45,234
Number being fed on that day	...	24,784
Number of meals expressed as a percentage of those present	...	55%
Number of Free Meals	...	2,349

By arrangement with the Secretary for Education it was decided that all school canteens and central kitchens throughout the county should be visited by the County Public Health Officers for the purpose of inspecting all food stocks.

These visits commenced during November and by the end of the year 33 visits of inspection had been made and all food stocks examined. These 33 canteens and kitchens supplied an average of 6,833 meals daily to 111 schools.

All food stocks were found to be sound and quite fit for human consumption.

As a result of the continued high standard maintained in the school canteens there have been no outbreaks of food-poisoning attributable to school canteen meals during the year. In order to facilitate investigations in case there is an outbreak, arrangements are being made to retain a small sample of each meal in the canteen refrigerators.

## MILK IN SCHOOLS

The 361 schools are supplied with milk by 45 distributors and the number supplied by each distributor varies between one and 93 schools.

Of the 361 schools, 351 or 97.2 per cent are receiving Pasteurised Milk in one-third pint bottles, the remaining 10 schools or 2.8 per cent are receiving Tuberculin Tested Milk of which 6 schools are supplied with one-third pint bottles and 4 schools with bulk milk which has to be served in beakers. Straws are supplied by the distributors. These 4 schools are situated in areas not yet designated as Specified Areas.

The following Table shows the position at the end of the year:—

Grade of Milk		Bottled	Bulk	Total
Pasteurised	...	351	—	351
Tuberculin Tested	...	6	4	10
		—	—	—
No. of Schools	...	357	4	361
		—	—	—

Regular sampling of the milk supplied to schools has been carried out by the County Public Health Officers for bacteriological examination and during the year 268 samples were taken with the following results:—

Grade of Milk		Satisfactory	Unsatisfactory	Total
Pasteurised	...	254	8	262
Tuberculin Tested	...	6	—	6
		—	—	—
All Grades	...	260	8	268
		—	—	—

Of the 8 samples of pasteurised milk which were unsatisfactory, 3 failed to pass the Methylene Blue Test and 5 samples were rendered void owing to the atmospheric temperature exceeding 65° Fah.

During the year 266 samples of school milk were taken by the County Public Health Officers and passed to the Chief Inspector of Food and Drugs for analysis. All these samples were found to be genuine except one which was slightly deficient in fat.

## WATER SUPPLIES IN SCHOOLS

The regular sampling of water supplies to schools has continued throughout the year by the County Public Health Officers and both mains supplies and local wells and shutes have been given attention.

Samples were taken from 278 schools with the following results—

Source of Supply		Satisfactory	Unsatisfactory	Total
Mains supplies	...	226	13	239
Wells, Shutes, etc.	...	48	9	57
		—	—	—
		274	22	296
		—	—	—

The Education Department is kept acquainted with schemes of water supply carried out by the local authorities and water undertakings, with a view to schools being connected to mains supplies when these are available and where practicable.

The following works or precautions have been carried out during the year:—

Connected to mains	...	10
Proposed to be connected to mains	...	10
Mains extended to washbasins, etc.	...	13
Alternative sources of supply being sought	...	4
Wells repaired structurally	...	1
Pumps replaced	...	1
Pumps repaired	...	6
Collecting chambers cleaned	...	17
Defective drains made good	...	6

## HYGIENE AND SANITATION IN SCHOOLS

The Secretary for Education has been kind enough to supply the following report which shows that there is an awareness of the importance of good standards of hygiene and sanitation in our schools—

"The representations to the Minister of Education referred to in my last report successfully enabled the Education Committee to continue its policy of modernising the sanitary arrangements of its schools. Such factors as unexpected delay in a local authority's water scheme or the completion of a sewerage scheme make neither possible nor advisable adherence exactly to a rigid programme, but the priorities established at each year's review are maintained as closely as is practicable. £10,500 a year has been set aside for this work, and the Committee will not wish to reduce this sum while so much remains to be done. As in the past attention has been concentrated on modernising the primitive sanitation in rural schools when mains water becomes available, and steady progress has been made. There are no grounds for complacency, however, as conditions in some town schools with allegedly more modern systems leave much to be desired.

In the period 1st January to 31st December, 1958, the following works have been put in hand:—

**Buckets to W.C's**

Gerrans C.P.  
Coads Green C.P.  
Boyton C.P.

**Privies to W.C's**

Lanreath C.P.  
St. Eval C.P.  
Boskenwyn C.P.  
Germoe C.P.

**Troughs to W.C's**

Bodmin C.P.

**Additional**

Truro Girls' Grammar  
Truro Girls' Secondary  
Newquay Girls' Grammar  
Delabole C.P. (staff lav.)  
Helston County Secondary

**School Houses**

Lanlivery C.P.  
(Bathroom and w.c.)  
Boyton C.P. (Bathroom)

When improvements are carried out the Committee are anxious to use the opportunity to raise the general standard of the sanitary arrangements and give every encouragement to the maintenance of a good level of hygiene in the schools. Where the cost is not prohibitive hot water is made available at washbasins so that the discrepancy between new and old schools is a little reduced; where the original closets would require major alterations tantamount to rebuilding consideration is given to resiting them so that they are conveniently adjacent to the school instead of being at the far end of a wind and rain swept playground."

If the proposed Sanitation Programme for the year 1959/1960 can be completed it will mean that there will be no Privies left in the County Maintained Schools and only 8 of these schools will have Chemical Bucket Sanitation. These 8 schools cannot be converted as there is no adequate water supply.

The position of the Voluntary Aided Schools is also satisfactory. There are none of these schools with Privies and only 13 have Chemical Bucket Sanitation.

Now that the primitive conditions which were present at many schools have been remedied, attention is being given to the sub-standard sanitary conditions in some of our County Grammar Schools and older County Secondary Schools.

It seems that the Grammar Schools are now the "Cinderellas" as they are over-crowded and their accommodation in many ways is inadequate for their purpose.

Everyone concerned with the health of the school child realises that the roller towel should be abolished; it is a most insanitary object and is one of the best ways known of spreading infection from one child to another. It has been difficult in the past to recommend other types of towels as it was realised that the increase in cost would be prohibitive. With the greater use of paper towels in the country the cost has now been reduced and the time has arrived when one can no longer hold up the necessary recommendation on the grounds of cost. It is therefore strongly recommended that the question of the provision of paper towels in all our schools should be seriously considered.

## CLASSROOM VENTILATION AND HEATING RESEARCH

Experience of conditions in the class rooms of some new schools with thermostatically controlled heating gave the impression that the atmosphere appeared to be 'heavy' and stale and that as the temperature of the rooms did not rise above a bearable level there was a tendency to forget to open windows.

It was thought that an experiment should be carried out to see what the actual conditions in classrooms were with and without permanent ventilation.

A small infant school with two identical classrooms was chosen for the experiment—this school was heated by the warm air method. The heating apparatus of one of the classrooms was modified so that a small additional fan could blow enough fresh air through the heater to ensure about  $1\frac{1}{2}$ —2 changes of air per hour.

There was no doubt that the atmosphere in the 'ventilated' classroom was fresher, more comfortable and less heavy than in the other classroom and this fact was noticed by everyone who visited the school during the experiment.

During the whole experiment two 'top' windows were open in both classrooms.

The relevant departments of the Medical Research Council and the Public Health Laboratory Service were asked if they would give their help especially in designing the experiment from a statistical point of view—they not only did this for us, but also gave much practical assistance in every way.

It was decided to carry out the experiment over a period of two months taking daily readings of the following:—

1. Thermometer, indoors and out.
2. Sling Psychrometer, indoors and out.
3. Kata Thermometer.
4. Globe Thermometer.
5. Slit Sampler.

At the end of the experiment it was found that there was no significant statistical difference in the measurements between the two classrooms. This was very disappointing in view of the very marked subjective difference in the two rooms. This difference was most obvious to the two teachers in the school who spent their whole day in the classrooms.

Many things were learned from this experiment:—

1. There does not appear to be any available instrument which is sensitive enough to measure 'comfort' of a classroom.
2. In a modern school building there can be virtually no change of air at all if the windows are closed and if the top vents of windows are opened there is less than one change of air per hour.
3. The results of culturing samples of classroom air for streptococci, the species commonly used as an indicator of air contamination due to human activities, were surprising. They suggested that the degree of contamination was due not to the method of ventilation of the classroom but to the particular children present in the room at the time. This was confirmed by taking sweep-plate cultures from the clothing of the children; the number of streptococci found varied from 4 to 1,600 for different children. Presumably the degree of contamination found thus depended mainly on the individual activities of the more heavily contaminated children.

Owing to the time of year the average number of children in the Infant classes was about 35% below the numbers for which the rooms were designed and it is felt that this fact may have affected the results of the experiment.

The conclusions reached by this interesting experiment were that the question of ventilation of teaching spaces should be further investigated, that every care should be taken to see that adequate ventilation should always be provided and that the old established practice of through ventilation should not be altered without careful consideration.

## INFECTIOUS DISEASES

### Cases Notified

Disease		1954	1955	1956	1957	1958
Scarlet Fever	...	162	124	90	83	68
Whooping Cough	...	1294	279	351	1234	142
Diphtheria	...	—	1	—	3	1
Measles	...	551	2255	5216	2846	2593
Poliomyelitis	...	10 (3)	35 (19)	8 (3)	24 (11)	14 (7)
Acute Rheumatism		8 (10)	— (—)	4 (19)	3 (13)	1 (2)

Acute Rheumatism (Rheumatic Fever) in children under 16 years of age was added to the list of notifiable diseases in 1951, but as there seems to have been some misunderstanding concerning this regulation, the actual figure of cases discovered is given in brackets. Although the number of cases of Rheumatic Fever is now small, early notification of these patients is of great importance as much can be done by the use of modern antibiotics in the early stages, to prevent permanent damage to the heart.

In the above table, the actual notifications of Poliomyelitis are given, followed by the number of school children affected shown in brackets.

## PREVENTION OF TUBERCULOSIS

### (a) Tuberculin Testing of School Entrants

The work of tuberculin jelly testing school entrants which was referred to in my last report was continued throughout a part of 1958 but was then abandoned as the findings did not justify the amount of work involved.

### (b) B.C.G. Vaccination of School Leavers

This work was started in the County 7 years ago. During 1958, 3,167 children were Mantoux tested and 2,509 were B.C.G. vaccinated, bringing the totals for the 7 years to 17,888 tested and 13,829 vaccinated.

### (c) Mass Radiography

During the year 5,237 children were X-rayed. Two cases of active tuberculosis and three observation cases were discovered.

At these sessions time was put apart for school teachers and canteen workers, and every effort was made to persuade them to take advantage of this service.

## IMMUNISATION

### Poliomyelitis Vaccination

The scarcity of poliomyelitis vaccine was overcome during the year by the importation of supplies from North America, and the offer of vaccination was extended to include all persons up to 25 years of age.

38,002 children under 15 were vaccinated with two injections during the year and a third injection not less than seven months after the second is recommended to complete the course of protection. By the end of December third doses had been given to nearly 9,000 persons but this figure includes some persons in the other priority classes.

### Diphtheria Immunisation

#### Primary Immunisation

Under 5	5-14 years	Booster Injection
4,025	333	4,300

### Whooping Cough

3,989 children under 5 years of age and 198 children over 5 years were protected against whooping cough during the year.

### Whooping Cough, Diphtheria and Tetanus (Triple Vaccine)

This protection continues to be well received.

## THE NURSING SERVICE

Miss A. White the County Nursing Officer, reports as follows:—

"On 31st December 1958, there were 30 full time Health Visitors, and 75 District Nurse-Midwives (46 with Health Visitors Certificates) who were actively engaged in the School Health Service.

During the year the Health Visitors and Nurses attended 1,193 Medical Inspection Sessions; 1,615 Hygiene Inspection sessions, with 194 Hygiene re-inspections; 1,255 Medical follow-up visits to homes, and 1,500 Hygiene follow-up visits to homes and schools.

Hygiene re-inspections have fallen from 430 in 1956, and 329 in 1957 to 194 in 1958, reflecting the vigilance of the Health Visitors and the interest and response they are getting from the children and their mothers.

The Health Visitors and District Nurses continue to work closely with the teaching staff on the one hand and the parents on the other, thus maintaining a good school nursing service."

## OTHER WORK OF THE SCHOOL MEDICAL OFFICERS

In addition to the routine medical inspection of children in schools, the School Medical Officers performed the following duties during the year:—

Examination of children for part-time employment ...	128
Examination of Boarded-Out Children and Child Life Protection Cases ...	204
Sessions at Infant Welfare Centres ...	700
Examination of staff for Superannuation purposes ...	28
Examination of Blind or Partially Sighted Persons	21
Examination of entrants to Teaching Colleges and to the teaching profession ...	162
Various other examinations ...	70

## REPORTS BY SCHOOL MEDICAL OFFICERS

The following notes on the Service in general are extracted from the reports of the School Medical Officers:—

### Dr. D. Chown — Penzance Area

"There have been no epidemics this year since the Asian 'flu' last winter, and in spite of lack of sunshine last summer and an excessively wet year, there have been no more colds than usual.

The great change in this area has been the opening of the Heamoor C.S. School and the transfer of all children over eleven years from the all-age schools to the Secondary schools. This new school is a magnificent building and it is a great convenience to have a special medical room to work in. This room is only twelve feet long, whereas twenty feet are required for eye-testing. Fortunately there is a stockroom leading out of it, and the head-master has kindly kept this space clear, so that with the intervening door open it is possible to manage quite well.

In September the post war 'bulge' passed on into the secondary schools, leaving some of the primary schools very much depleted in numbers. Examining all these new entries in the secondary schools has meant an extremely busy Autumn Term. All the time that can be spared from routine school or infant welfare work has been given

to polio immunisations, and since the autumn considerable headway has been made in giving the third or booster injection to those who had their first and second doses when the scheme was introduced.

During the year intelligence tests have been carried out on thirty-one children who are reported to be backward. Of these two were found to be incapable of education in any school, ten were recommended for supervision on leaving school and nine were suitable for education in a special school or class. Unfortunately some children who would benefit by attending the special class at Alverton are unable to do so because the parents are unwilling for them to make the journey alone.

Improvements in school buildings include hot water for washing at Cape Cornwall C.P., main and hot water at Goldsithney C.P.-Infants, new wash basins and new flush lavatories at St. John's V.I., Penzance, a new canteen at Pendeen C.F. and a Servery at Carnyorth C.P.

We are very glad to welcome our new School Dentist at Penzance.

Finally I would like to thank Dr. St. John Brooks whose bi-monthly ward rounds are very instructive and who has helped me with advice in a number of cases."

#### **Dr. M. M. Cook — Camborne-Redruth Area**

"The last year brought increased work with the arrival of 1946-47 born children, 'the bulge', at the Senior Schools in my Area, which includes 5 Grammar and 3 County Secondary Schools. The number of sessions for Routine Examinations had to be extended by one third, which aggravated the old problem of finding accommodation in Schools where there are no proper medical inspection rooms, i.e. all but one. All the more credit to the school authorities, Health Visitors not forgetting the hard-worked school secretaries, who helped to carry out the work in a friendly atmosphere.

This raises the question, if it is really necessary to see all the children at certain ages. Experiments are being carried out by other Authorities to concentrate on children, brought forward by Teachers or parents or selected by scrutinising the children at work and play. Would we then miss many more children with defects and handicaps than under present conditions of allotting 6—10 minutes to a full physical examination, friendly chat with mother and child and recording findings in duplicate and often triplicate? I think, it is possible,

that there would be little difference in our statistics but we as School Medical Officers would eventually lose our greatest asset, the facility of assessing the discovered defect in its relation to the norm which comprises so many variations. Only by mastering the art of recognising health can we contribute to the re-adjustment of the handicapped child, to whom we more and more devote most of our attention.

The Day Occupation Centre for children under the Mental Health Authority also seems a step nearer and it is hoped that this will facilitate more investigation into the causes of their mental defects."

#### **Dr. C. L. Knight — Helston-Hayle Area**

##### **" School Buildings**

Helston—The new Junior School is a model building giving immense satisfaction. The Secondary School with over 500 pupils continues to be overcrowded. A new school is being erected and should be ready early in 1960.

Helston and Kerrier Rural Districts—Water is now available all over the Lizard Peninsula and, as a consequence conversion to W.C. systems is progressing.

At Grade-Ruan Church School (Ruan Minor) an extension has been grafted on the corridor for the housing of W.C.'s and hand-basins which seems highly satisfactory.

Hayle Area—the new County Secondary School has everything including a rest room available for Medical Inspections of the right length for vision testing and a curtained off section for undressing.

Penryn—the Primary (Junior) Schools are now relieved of their senior pupils and overcrowding is cured. As already mentioned, the C.P. school was able to adapt a room into a toilet wing. The old wood-working room has been converted into a spacious dining room.

Redruth Grammar School—in this school there are no facilities at all for Medical Inspections. We are allowed a tiny room not six feet broad which is the classroom for the few who take Greek classics. Visions are done in the corridors. All this causes great confusion at every bell for change of classes and break. As we have to examine, every year, all boys of 11 and all boys of 14, plus the vision tests of all boys of 12 and 13, thus in fact, the whole school, these inspections constitute a real inconvenience and irritation to all concerned. The work done is unsatisfactory and would be better suspended altogether until adequate and appropriate accommodation is provided.

## The Health of the School Child

There has been no outstanding epidemic during the year and the pattern of inspections etc. has remained unchanged."

### Dr. J. D. McMillan—Liskeard Area

"The work this year has increased principally due to the larger numbers of children entering Secondary Schools. As a direct result of this suitable conditions for school medical inspections have become increasingly difficult to obtain owing to lack of space in already over-crowded schools. The building of County Secondary Schools at Liskeard and Torpoint is eagerly anticipated in consequence.

The Ministry of Health's scheme for Poliomyelitis prophylaxis resulted in school sessions being arranged and help was given to the area M.O.H. Dr. Fox to complete this scheme. Assistance was also given with open sessions.

Medical examinations have been carried out for candidates for training colleges and county appointments, children seeking part-time employment and candidates for blind registration who are unable to travel to clinics. Regular attendance at paediatric out-patient sessions in Plymouth has continued to prove beneficial and Dr. Jolly's teaching rounds are always refreshing.

Facilities were provided at all primary schools for Diphtheria Immunisation and the response was satisfactory.

Child Welfare Clinics have been held regularly.

This year has been free of major outbreaks of infection. It has been rare to see undernourished children, but the problem of the overweight child, usually also above average height and often with consequent orthopaedic defects, is on the increase. Most of these children are sensitive about their defects and would welcome treatment but it is difficult to persuade parents to see the need for any action. I welcome the recent publicity in the national press.

Clothing was generally good and children reasonably clean. Arrangements for dealing with Visual defects continue to be satisfactory and routine tests in secondary schools have again been worthwhile. It is gratifying to find that more squints are being referred to specialists at an early age. (i.e. pre school).

There is a noticeable drop in the number of children requiring Tonsillectomy, and Otitis Media responds to treatment without permanent effects. The opening of a diagnostic clinic for deaf children in Plymouth is welcomed and a number of cases have been referred for assessment following audiometric tests in school.

Severe postural defects, knock-knee and painful flat feet account for specialist referrals of orthopaedic cases. Minor defects in younger children tend to correct themselves with improved facilities for P.E. in primary schools. Mild postural defects and poor muscle development are a worry among the quickly growing senior children. Too many secondary schools still lack adequate gymnastic facilities.

Speech defects have been dealt with satisfactorily by Miss Fell where the parents have agreed to treatment.

There is still no provision for Educationally Sub-normal children in primary schools in this area. This is now an urgent problem.

Provision of an occupation centre for ineducable children at Liskeard is a welcome addition and it is hoped that it may function more frequently in the future.

The drive for modern colour schemes in the redecoration of School Buildings is beneficial, the psychological effect is enormous and the practical effect of achieving better lighting to be encouraged.

Heating problems are gradually being resolved, but hot water is still only available in a minority of schools.

Sanitation still requires attention especially where old type methods are used e.g. Callington and Liskeard Junior Schools. With the advent of new schools the problem is aggravated in buildings not due for replacement."

#### **Dr. W. Paterson — Launceston—Bude Area**

"As forecast in my comments in the report for 1957, some difficulty was experienced in carrying out the complete programme of periodic medical inspections in schools during 1958 and, at first, it seemed likely that a number of schools would not have had a visit by the end of the year. The reason was the extension of the poliomyelitis vaccination scheme to a wider age range and the need to allocate sessions to cover this work, in which the participation of general practitioners in this rather scattered area, understandably, has not been great. With the willing co-operation of the head teachers, however, vaccination sessions were held in school where the numbers justified it, and, in this way many more children were vaccinated in a shorter time than would have been possible with clinic sessions only. This, combined with some encroachment on sessions normally reserved for other work, make it possible to record that only one school had not had a periodic medical inspection by the end of the year.

Once more, my thanks are due to the head teachers and their staffs for their help and co-operation which made the work of medical inspection go so smoothly. The assistance of the school nurses was, as always, of value and greatly appreciated.

### Epidemic Disease

It may be of interest to describe an outbreak of what at first appeared to be food poisoning in St. Stephen C.P. School, Launceston. Out of a total of 87 pupils, 56 were affected, as were two teachers out of a staff of three, and both canteen assistants. The symptoms were nausea and marked vomiting lasting for approximately 24 hours. Diarrhoea, although mildly present in some cases was not a feature of the outbreak. This occurred towards the end of March and most of those involved were affected on a Friday night or during the follow-Saturday and Sunday. Friday's school dinner therefore came under suspicion but, as is frequently the case, no remnants of this meal were available for laboratory examination when investigations were begun at the beginning of the week. It soon became apparent that the school meal was not involved, however, as a number of the children affected did not have school dinners, and the school milk was excluded for the same reason. Further, the meal was prepared in the Central School Meals Kitchen in Launceston and delivered in containers. Part of the same meal went to another school where no untoward symptoms were reported. Enquiries in the households of the sufferers showed that, in many instances, other members of the family, adults and pre-school children, were similarly affected and these had no possible connection with school meals or milk. Upon closer enquiry, it was found that the first child affected had developed symptoms in the early hours of Thursday morning and that a second child had been sick in school on Thursday. There was no common local function or celebration which might have explained the involvement of such a wide range of victims and a list of suppliers of food to the affected households and to the School Meals Service showed no name consistently in common. Bacteriological examination of faecal specimens failed to reveal the presence of organisms of the food poisoning groups. In view of all these negative findings, it was concluded that this was an outbreak of epidemic winter nausea and vomiting, a condition which has been described in recent years and which is thought probably to be a virus infection. The patients made a complete and rapid recovery, although cases occurred in diminishing numbers throughout the week following the start of the outbreak.

It should be added that the standard of hygiene in the canteen at this school is excellent, as is the personal hygiene of the assistants.

As an additional precaution, however, these ladies were kept away from work until negative bacteriological reports were received.

There is something to be said in favour of reserving a specimen of each school meal as a routine procedure for subsequent examination should the need arise, although practical difficulties arise in connection with this practice. In this outbreak, it appears probable that no positive result would have been obtained from such a practice, although it might have provided valuable negative evidence at an early stage of the investigations.

#### Periodic Medical Inspections

Only one child was seen whose general condition could be classified as unsatisfactory. This does not mean that a race of juvenile supermen and superwomen is in the making in this area. The majority of the children in the satisfactory category are healthy average children, as far as this adjective is applicable to any child, and a minority are above average in varying degrees.

The distribution of defects found on examination was much as in previous years, defects of vision, as usual, being at the head of the list. Arrangements for ophthalmic examinations continued to function satisfactorily for the greater part of the area. In addition to its medical value, this service is of great convenience to parents who would otherwise have to travel long distances to a hospital out-patient department and it is generally much appreciated by them. Evidence of this is given by the number of queries received from parents as the time for retests draws near.

#### School Buildings

Minor improvements continued to be carried out during the year. The general good standard of cleanliness of school buildings was maintained and the practice of using light pleasing colours in redecoration schemes is a notable advance.

Progress was continued in the provision of water-borne sanitation, Coads Green C.P. School being connected to the sewer and Boyton C.P. School provided with septic tank drainage during the year. As one small school still depending on pail closets was closed during the year, there remain in the area four schools which still depend on this form of sanitation. For three of these schools—South Petherwin V.P. Egloskerry C.P. and Tregadillett V.P.—a main water supply became available during the year.

Altarnon C.P. School already has water-borne sanitation with drainage to a septic tank. Launceston Rural District Council last

year completed a sewerage and sewage disposal scheme for the village. It is to be hoped that an early opportunity will be taken to connect the school to the main sewer.

A main water supply was provided for the parish of Whitstone during the year. At the time of writing, the school has not been connected to the main, although the owners of houses and other properties have eagerly taken advantage of this service.

The spread of electricity to the rural areas gives rise to satisfaction, but at the same time raises the question of the adequacy of artificial lighting when it reaches the schools. It can be said without hesitation that the standard of artificial lighting for most schools is either inadequate or, at the best, barely sufficient.

The following faults are noticed:—

- (1) Insufficient number of lighting points.
- (2) Unsatisfactory arrangement of lights in relation to the working area.
- (3) Lighting points hung too high, making cleaning and maintenance difficult, especially for female caretakers.
- (4) Use of unsuitable bulbs in open-type fittings, i.e. clear glass bulbs.
- (5) Use of bulbs of insufficient wattage.

In many of the older schools, these faults are accentuated by the absence of the reflecting surface provided by a ceiling and, in such schools, light appears to be absorbed into the gloom of the high, vaulted roofs.

It is easy to counter these points by the statement that a high standard of artificial lighting is not essential, as the children spend only the daytime hours in school. While the latter part of the statement is incontrovertible, there is a sufficient number of winter days which are dark enough to warrant a standard of artificial lighting in the classrooms as good as any required at night. This is especially true of those old schools in which windows set high in the walls serve to reduce still further the amount of daylight available.

For the fifth year, I must draw attention to the continued use of roller and communal towels, wet insanitary and potential sources of infection a short time after they are first hung up in the cloakroom, and sources of revulsion to any child of average sensibilities, who reasonably may decide to remain dirty rather than risk dubious cleanliness by the use of such a towel. Is it a vain hope that the financial

thaw may allow a trickle of money sufficient to provide in the coming year, and thereafter, disposable tissues in the cloakrooms?

Improvements in school canteens continued and the standard of cleanliness remained high."

#### Dr. J. Reed: Bodmin—Wadebridge Area

"I am sure that any report on the School work in Area 5 should begin, rather than end with an appreciation of the co-operation and friendliness which is always extended to me, in spite of the increasing number of visits and interruptions made during school time. Additional visits had to be made to carry out the extended work of poliomyelitis inoculation, all of which went quite smoothly, even in schools with very limited facilities. The bulk of this work is completed, and it should be possible to avoid further school visits on this account. Protection against tuberculosis, involving B.C.G. vaccination still continues in school, but the concentration of the appropriate age groups in the Wadebridge Secondary School, has greatly simplified the work.

The findings at routine inspection were much the same as in previous years. The number of children classified as being of unsatisfactory general condition was insignificant. The distribution of defects was also much the same. The number of children seriously handicapped, and requiring special educational treatment is small.

Improvements have continued in the sanitary provisions to some rural schools, though more than one quarter of them are still on 'buckets', and two urban schools still have inadequate and unsatisfactory trough closets. There are of course certain technical difficulties which impede the conversion to W.C.'s in some of the rural schools.

On building and sanitary standards generally, when I first came to the County ten years ago, there was no difficulty in placing the Bodmin Grammar School as the best provided. This is by no means the case now, which says something for the achievements of the Education Authority during that time. The conditions in the County Secondary School in Wadebridge are naturally far superior, and some of the rural primary schools can now boast a better standard. The proposed County Secondary school to be built in Bodmin will emphasise the deficiencies in the Grammar school even more, and I think that serious consideration should now be given to up-grading this school. On the sanitary side are required better cloakroom and lavatory facilities for children and staff, including a hot water supply, and most urgently, shower baths. The present rest-room accommodation is quite inadequate.

The first full year of weekly attendance at the Wadebridge County Secondary school has been completed. This method of conducting school medical inspections has worked successfully and provided a much closer contact with the school, its staff and pupils and their parents. What has surprised me is the very large amount of minor sickness which has to be dealt with in such a school and how necessary are adequate rest-room facilities. The regular visit has enabled me to see and deal with some of these problems and I hope that I have been of some help in these instances. One recurring source of trouble has been the anxiety of some parents about shower-baths and the catching of colds. It has been possible to interview parents on this subject and most have been satisfactorily re-assured.

For my part I find this arrangement of conducting examinations more suitable, and I hope that I may be able to adopt it finally in all my senior schools. May I say how much I appreciate the co-operation of Dr. Curnow and Dr. Elliott in allowing me a free hand in organising the work in this Area. The convenient combination of School and Area Medical Officer has made these arrangements possible, and I have had ample encouragement to carry them out."

#### **Dr. B. Roberts — Truro—Falmouth Area**

"Looking back over the past year, the most notable feature has been the greatly increased work that had to be done. This was partly due to the 'bulge' in the school population and the extra duties in connection with the poliomyelitis immunisation campaign.

I have no exact figures to give but my general impression is that as compared with 8 or 9 years ago, when I first started in the School Health Service, the work has increased by some 30%. Since no extra time could be found for this, it meant that those increased duties had to be squeezed into the same amount of time, with the result that the work has involved far more tension and strain.

Apart from this, there is very little spectacular to report. The Routine School Medical Inspections are very well supported by the parents, and the Welfare Clinics continue to be well attended. Every opportunity is taken on these occasions to introduce Health Education to any who show the slightest interest.

#### **School Milk and School Dinners**

I am more than ever convinced that the provision of school dinners is of great benefit, both from the point of view of social education and of physical well-being to all the children who avail themselves of the facilities.

But I am beginning to wonder whether the time has not come when it would be in the best interests of the children to discontinue the provision of school milk. I appreciate that this probably raises political prejudices and considerations but I feel strongly that the only factor that should be considered is the welfare of the child.

Many observers have noted that children today are bigger and better nourished than ever before. It is also generally agreed that they tend to mature earlier. The disturbing thought, however, is that there seems to be a definite connection between the expectation of life in the individual and the duration of infancy and childhood. At least this is true for many species of animals and is probably true for man.

### Smoking

In the course of my routine examination of boys in Secondary Schools I have been shocked by the numbers who had already started the smoking habit. I have also noticed that it is usually the less intelligent boy who tends to indulge in this habit, probably because it compensates him for his feeling of inferiority and perhaps gives him more prestige and the idea he is 'grown-up.'

In view of what is now generally agreed as to the possible disastrous consequence of this unnecessary and dirty habit, I am sure that more could be done to discourage boys generally from ever starting this practice. But it is farcical to preach and admonish these boys, if, as is often the case, the finger that is raised in admonishment is heavily stained with nicotine.

In conclusion, I want to express my thanks to the Health Visitors, nurses and the members of the school staffs for the help they have given me in carrying out my duties, and, in particular to all those responsible for arranging the Ward Rounds, and Clinics both at the Royal Cornwall Infirmary and at Plymouth which so greatly helps one to maintain an interest in contemporary clinical medicine."

### Dr. W. M Ryan — St. Austell Area

"1958 has been a busy year for members of the County Medical Staff owing to the drive of Poliomyelitis vaccination.

At the same time there has been a continued effort to maintain the high level of Immunisation against Diphtheria etc., so the hypodermic needle has been much in evidence all round. (I must say the modern child is very tolerant of all this).

We have also been called upon to visit and report on a number of Mental Health cases this year, and since all our other duties have continued as before, and most of us do our own clerical work and travel about a good deal, we have certainly been very fully occupied. But preventive medicine becomes more and more important and we are happy that our work is varied and useful in this sphere.

Our Clinical Assistantships permit us to see sick people in hospital and keep us in touch with modern methods of treatment, this also is time well spent and adds greatly to our experience and interest.

I have little new to report about the health of school children. I think I have remarked already that they tend to be overweight and over-indulged. The girls mature much earlier now, and their habits and general outlook reflect this. I find many parents are concerned about this. I think it is an interesting postwar phenomenon in this country.

There have been no serious epidemics or infections.

Among skin complaints, only impetigo has been noticed with any frequency and this mainly after the long summer holiday. There have been a few cases of Ringworm of the body and very few cases of scabies.

#### Infant Welfare Clinics

The clinics at St. Austell and Par continue to have good attendances.

#### Deaf and Partially Deaf Children

The opportunities now afforded for the assessment and treatment of very young children with hearing defects are a very great advantage and the provision of improved hearing aids is greatly welcomed. It should enable more partially deaf children to attend ordinary schools.

#### County Secondary Schools

Entrants to the County Secondary Schools appear to be contented and well satisfied with the greater facilities and activities afforded them in these schools. The more backward children are well catered for in the lower streams and have a good chance to recover lost ground.

The new schools appear to be much appreciated by the children attending them and the majority are proud to wear their school uniform.

Some physically handicapped children find difficulty in managing the stairs in the new schools especially as the children change classrooms frequently and there is consequently much more activity on the stairs and in the corridors. One handicapped child gave up the effort and had to be accommodated elsewhere, but two others have succeeded and will be able to remain.

However it is probable that more places will be required in special schools because of this problem of stairs in the new schools.

#### Adjustment class at Carclaze — started September, 1958

This is a special class of 20 children gathered from various Junior Schools in the area, who, for various reasons require special teaching methods. All are backward, a few are maladjusted and each presents a different problem that has to be coped with.

The atmosphere is happy and friendly and free from strain and although it is too soon to expect big results, there is ample evidence that at least some of the children have benefited already.

The Selection and testing of these children and the organisation of the classes has involved much hard work on the part of the Educational Psychologists.

Finally, I wish to record, my appreciation of the co-operation of the Head Teachers and their staffs. Nowadays they are called upon to suffer many interruptions in the work of a school and demands on their time, and in order to grant us facilities for carrying out our work it often means added difficulties in an overcrowded school.

I am grateful for the co-operation and support of the Nursing Staff at the clinics and at School Medical Inspections."

#### Dr. G. W. Ward — Newquay Area

"In the Newquay Area the most notable feature of the year has been the very marked increase in the volume of work carried out in all spheres. That this has been achieved so successfully, is largely due to the willing co-operation of Head Teachers and their Staff, Health Visitors and Nurses, office staff and voluntary helpers whose combined efforts do much to minimise the difficulties encountered, due to lack of suitable accommodation for carrying out the medical duties required, especially in schools.

I would like therefore to express my sincere thanks to all the above for their willing and unwavering support at all times.

As the number of secondary school children in the area has almost doubled in the year, an ever increasing amount of time must inevitably be spent in these schools, with attendance at the smaller country schools, of necessity becoming less and less.

Immunisation and preventive medical procedures have been carried out in an ever increasing volume with protection now being offered against diphtheria, whooping cough, tetanus, poliomyelitis, smallpox and tuberculosis. Acceptance of these preventive measures by the responsible parents has been at a very satisfactory level, though I must once again express my concern regarding the rapidly growing numbers of children in the area who remain unvaccinated against smallpox. With an overseas port in the County, parents should regard vaccination of their children as absolutely essential, if future epidemics are to be avoided. Although there has been less time available for discussion and consultation at the various clinics, due to the heavy demand for immunisation, attendances continue to increase.

Visual defects continue to be the largest group of cases discovered and reported for treatment, with a still further reduction in the number of cases referred for E.N.T. Specialist investigation.

Ascertainment of educationally sub-normal children has been continued at an increasing pace during the year.

Handicapped children, have, as far as possible, been allowed to attend ordinary schools with special attention being given wherever required.

Those children attending Residential Special Schools outside the county have been visited regularly during the school holidays to ensure their welfare and obtain in all cases, very satisfactory progress reports.

The general health of the children in the area continues to be excellent, and though there was a high absentee rate from the schools at the beginning of the year due to minor illnesses, there were no major epidemics.

Problem families are slowly becoming fewer in number, and even here there has been a marked improvement in the personal hygiene, and general nutrition due largely to the ever increasing vigil of the Health Visitors, whose function as a connecting link between the Public Health Authority and General Practitioner Services is proving to be of ever growing importance."

## DENTAL CLINICS

The following is a list of the clinics together with the frequency with which they are now visited by the dental officers:—

Clinic	Address	Frequency
<b>Bodmin</b>	The Priory	2 days a week
<b>Bude</b>	The Castle	1 day a fortnight
<b>Callington</b>	Pannier Market	1 day a week
<b>Camelford</b>	The Clease Hall	1 day a fortnight
<b>Camborne</b>	Community Centre	3½ days a week
<b>Delabole</b>	Liberal Rooms	1 day a fortnight
<b>Falmouth</b>	Health Clinic	Daily except Wednesdays
<b>Hayle</b>	Health Clinic	1 day a week
<b>Helston</b>	Meneage House	1 day a week
<b>Launceston</b>	Health Clinic	2 days a week
<b>Liskeard</b>	Health Clinic	2 days a week
<b>Newquay</b>	15, Berry Road	2½ days a week
<b>Penryn</b>	Municipal Offices	1 day a week
<b>Penzance</b>	Health Clinic	3 days a week
<b>Redruth</b>	Health Clinic	2 days a week
<b>St. Austell</b>	Health Clinic	5 days a week
<b>St. Ives</b>	Dove Street Clinic	1 day a week
<b>Saltash</b>	The Fire Station	2 days a week
<b>Torpoint</b>	Macey Street	2 days a week
<b>Truro</b>	St. George's Road	3 days a week
<b>Wadebridge</b>	Health Clinic	2 days a week

In addition a Mobile Dental Clinic has been provided and is used in out-lying areas.

Mr. C. A. Reynolds, The Principal School Dental Officer reports as follows:—

### Staffing Position

Early in the year Mr. Millett resigned as Principal School Dental Officer and there was a period of three months before I took up that appointment in June. Mr. Conron, whose time was divided between Truro centre and the mobile unit, left to take up a senior post, after having been on the staff for six years. Four part-time dental officers were appointed in September and October, two to Truro, one to Torpoint, and one to Penzance. In December one part-time dental officer at Truro resigned. At St. Austell one of the part-time dental officers reduced his sessions from 4 to 2 a week. It must be recorded that three of the newly appointed dental officers are ladies, the first

to be appointed in Cornwall, and they are most welcome and valuable additions to our staff.

At the end of the year the staffing position numerically was only very slightly worse than at the same time in 1957 and, in these days, this must be regarded as fairly good.

The changes in staff inevitably resulted in variations in availability of treatment in the county. Penzance now has a part-time dental officer centred there for six morning sessions a week instead of being visited from Camborne for one day and it is a very good thing that this fine dental suite is being used more fully. The loss of the dental officer centred on Truro has been felt mostly in those areas which he had covered in the mobile unit which has had but little use in the latter half of the year. The part-time appointment at Torpoint has resulted, by changes in programmes 'along the line', in additional sessions being put in at St. Austell.

### **Accommodation and Equipment**

The dental clinics at Penzance, Hayle and St. Austell, are excellent in every way and set a good standard for the county. Bodmin, Falmouth, Launceston and Liskeard clinics, are very satisfactory, and at Wadebridge, Redruth and Camborne, improvements are anticipated. While Camelford, Delabole, Callington and Helston are far from satisfactory, they serve a useful purpose in areas which are not frequently visited.

The clinic at Newquay, where a dental officer is now centred, is somewhat restricted by lack of a recovery room which slows up work, but is otherwise fairly satisfactory. In view of the large school population, however, and the increasing amount of work carried out there, I hope that provision of some more adequate accommodation may be considered in the not too far distant future.

The greatest need in the whole of the county dental service, however, is in Truro, the dental headquarters, where so much valuable equipment—both surgery and laboratory—is housed in a temporary building which is unsatisfactory in almost every respect for the purpose for which it is used. By the very reason of its site it can be regarded only as a temporary structure and any attempt to remedy its faults—its approach, squalid appearance both externally and internally, plumbing, lack of heating and natural lighting—must consequently be regarded as a waste of money. The need for a new building, therefore, is very urgent. I draw attention to this because by reason of its somewhat obscure position the defects of the County Dental Headquarters are not apparent.

## **Inspection and Treatment**

Comparing the statistics with those of the previous year, it will be seen that fewer sessions were devoted to the service and almost all of the figures show a corresponding decrease.

Of the treatment sessions shown, 270 were devoted to orthodontic treatment, and 18 were those of the Chief Dental Officer spent in administering gas.

Approximately 60% of the children in the county were inspected at school and a further 3% as specials. Not included in the figures were 561 children who were inspected twice in the year.

Of the total of 30,119 children inspected, 64% were found to require treatment, and 60% were referred for treatment; 55% of those referred were in fact treated.

In spite of the facts that the new part-timers had hardly settled down, and that the full time dental staff are covering larger areas and have to travel farther than they should, with consequent reduced length of sessions, the average sessional output of fillings and extractions is only very slightly lower than that of the previous year, and compares very favourably with the average for England and Wales in 1957.

### **Average per session**

	Fillings		Teeth		Extractions		Attendances
	Perm.	Temp.	filled	Perm.	Temp.		
Cornwall 1958	5.51	0.44	4.95	0.97	2.56		7.27
England &							
Wales 1957	3.64	0.64	3.54	1.13	3.05		7.55

The attendances would have been higher but for appointments not kept which amounted to 5,281 throughout the county in the year. This most shocking waste of time can be put down to thoughtlessness on the part of the defaulters' parents in not informing dental officers in good time when appointments cannot be kept. The effect of the non-attendance on the work for the year can be to some extent calculated by reference to the Table bearing in mind that there was one appointment failed for every four kept.

## **Dental Anaesthetics**

The arrangement stands whereby medical anaesthetists are available in all areas to give gas at gas sessions. I am pleased to see the figure for administrations of general anaesthetics rising each year. For the great majority of children, gas is the method of choice for extractions especially where there are teeth to be removed in more than one quarter of the mouth.

There are unfortunately many neglected mouths in every area and many teeth to be extracted. Comparison within the county of treatment carried out in those areas where general anaesthetics are made available with those where extractions are carried out by local anaesthetic only, is made in the following table based on the figures for the last quarter of the year (Orthodontic sessions and orthodontic treatment are not included).

Treatment carried out in 10 sessions.

		Teeth filled	Extractions	Children treated
Areas where gas is used	...	57	41	32
Areas where gas is not used	...	62	21	24

The conclusions to be drawn from these figures are that more cases are attending for extractions in those areas where gas is available, and more children are being treated at very little expense to conservative treatment. The "fear of the needle" is undoubtedly a deterrent to many children.

### Other Operations

This covers a variety of treatments and, while the majority are dressings, impressions, and adjustments to appliances, there are items of more interest:— 10 crowns and inlays were fitted; 3,620 teeth, nearly all deciduous, were treated with silver nitrate; scaling and polishing were carried out for 602 pupils. Also included were 438 X-rays and these were mainly in connection with orthodontic treatment, either checking for unerupted teeth or for abnormalities which might cause or affect treatment.

### Orthodontics

Rather more time was spent on orthodontic treatment than in the previous year—270 sessions in all, with attendances averaging 11 per session. Visits for orthodontic treatment are in general of shorter duration than for other treatment and the 2,944 attendances represent about one-eleventh of the dental officers' time.

250 children were treated with appliances; 229 of these had appliances fitted during the year and the difference, 21 were included in "cases carried forward from previous year" who were wearing appliances not fitted in the current year.

The figure of 81 discontinued cases is very high compared with 37 in the previous year and obviously needs some explanation. Study of previous years' figures show that all cases had not been

accounted for. The total of cases completed and discontinued, subtracted from the total of new cases and cases carried forward from previous year, should give the number of cases carried forward to the next year. In fact many fewer cases have been carried forward and the dental officers' returns for the year 1958 show similar discrepancies. On looking into this it was found that many cases—both new and from the previous year—had been recorded under 11 (a) or 11 (b) in the Table when in fact that had been either—1. under observation only; 2. recommended for treatment but had ultimately had no treatment; or 3. called up for the consultant orthodontist and no treatment had been advised. No treatment having been started, they had not been recorded under "treatment completed" or "treatment discontinued". As many of those as could be found, who had been recorded under 11 (a) or 11 (b) in the Table in 1958, are therefore included under the heading of "discontinued cases" in order that the "carry over" for 1959 shall be as nearly accurate as possible. In fairness, I must add that the returns for Cornwall were no worse than those of England and Wales as a whole. In future years to get a reliable figure of cases under treatment, which is presumably what is required by the Ministry, only those being treated by appliances will be recorded as orthodontic cases.

The visits of the consultant orthodontist from Devon have been of great help to dental officers in deciding on the line of treatment to be taken in the more difficult cases and have been much appreciated.

### Dental Laboratory

The laboratory at the dental headquarters at Truro is staffed by one senior technician-in-charge, one senior technician and one apprentice. The apprentice is now completing his fifth year and has this year successfully sat for the City and Guilds of London Institute Final Examination in Dental Technology.

The main items of work carried out for the school service were:—

Full dentures	...	6
Partial dentures, plastic	...	147
Partial dentures, chrome cobalt	...	14
Orthodontic appliances	...	285
Crowns and Inlays	...	10
Repairs (dentures and appliances)	...	50
Orthodontic record models	...	543

This represents 64% of the total work of the laboratory, the remainder being that for the maternity and child welfare service.

The laboratory is well equipped to deal with all the varieties of work required for the service. The work is of high standard and always ready to time.

The classes for dental apprentices continue to be held there and occupy the time of the senior technician-in-charge, who is the instructor, for one session each week for the three thirteen-week terms.

### Oral Hygiene

Inspecting dental officers must often be led to wonder why in the wisdom of things sound teeth should be wasted on the young.

Oral hygiene among children is generally poor and I place the blame for this on the parents. When the unpolished state of the teeth of their children is pointed out to them, their defence is almost always that they provide a tooth brush and tooth-paste but the child does not use them. Most parents have sufficient pride to see that soap and water is not only available but is used too, yet they consider their responsibility for the care of teeth ends with giving their children paste and brush. If only they would pause to think! They would not dream of preparing food with dirty hands or serving it on dirty plates, yet they allow it to become immediately contaminated by filthy teeth. If they realised this they would realise too that their responsibility starts from the time when their children can hold a tooth brush and does not end until they have established in them the regular habit of using it frequently and thoroughly.

Scaling and polishing was carried out for 602 pupils and some half-a-dozen cases of Vincent's infection were confirmed by bacteriological examination. One of these occurred at a residential school, but, fortunately proved to be an isolated case.

I am disturbed to learn from Mr. Ellam, the dental officer centred at Liskeard, that an agent for a biscuit firm has recently been visiting head teachers with the idea of promoting the sale of biscuits in schools. I hope that head teachers will not fall for the bait of the small profit to some school fund. Let them rather think of the large sums of money spent on treating dental decay in children's teeth and encourage children to bring apples to school. Surely enough damage is already being done to children's teeth by biscuits and sweets at home without further encouragement in school.

Mr. Whitling reports "—interesting to see that despite cinema and television with their abundance of "cheesecake" smiles, there

still are quite a few otherwise fairly attractive teenage girls with hopelessly carious incisors who do not seem to mind that their own smiles are hideous." He suggests too that health visitors, on whose advice mothers seem to reply implicitly, would do well to emphasise that the 6-year-old molar is not a 'milk' tooth; also that instructions about eating fruit and carrots are much too vague—for example, what is the use of eating an apple after dinner and then running off to school sucking a sweet!

Before concluding I would like to echo the comments of other dental officers and express appreciation for the splendid co-operation of head teachers.

To the dental officers and all the members of the dental staff I express my thanks for a good year's work."

## PHYSICAL EDUCATION

The Secretary for Education kindly supplied the following report on Physical Education compiled by Miss V. M. Jeans, M.C.S.P. and Mr. J. A. Mason, the Senior Organisers:—

"In all secondary and in an increasing number of primary schools the pupils now change for physical education. While encouraging this very necessary part of the lesson it is becoming increasingly evident that to reach the standard of hygiene commensurate with the modern outlook, better facilities must be provided so that children can, at the very least, wash and change quickly. It is gratifying to see, in many of the primary schools where extra basins have been fitted, that the head teacher is encouraging the children to bring individual towels for use after the physical education lesson.

The provision and use of shower baths in all secondary schools is essential. Of 21 grammar schools, 3 only have a fully efficient system of shower baths available after normal physical education periods and 4 others have rather limited facilities. The picture in the secondary modern schools is brighter and improving gradually with the erection of new schools. Nevertheless, at present only 12 schools out of 26 have a showering system. Many children must dress, sit in class or travel home, muddy and perspiring and unable to clean themselves properly before they arrive home, often travelling long distances by public or private transport.

Showering facilities are as vital as correct clothing for physical activity. In a few schools provision of clothing is made by the school but in the vast majority of schools the parents of children provide all clothing for physical education. This is without doubt preferable and relieves the school of many problems. Clothing is then laundered at home regularly, but much of the benefit of this changing is lost where showers are not available.

### Staffing

With great regret we said goodbye at Christmas to Miss A. D. Skinner (now Mrs. Dunstan) who had been on the County Organising Staff for over ten years. In spite of advertisements no suitable applications have been received but it is hoped that a new appointment can be made for September, 1959.

The staffing problem in the schools is still acute on the girls' side. Young women on leaving College will rarely come as far west as Cornwall, which may be lovely in the summer but remote in the winter from the social point of view. Some head teachers have been obliged to fill the specialist post with the teacher of another subject who is willing to help with a limited physical education programme for the girls. This is not satisfactory.

### Athletics

Two new features were introduced to Schools' Athletics this year. For the first time Cornwall Schools' Cross Country Championships for boys were held. Three races were run, under 15, 17 and 19 years of age, and from each class a team was selected to represent Cornwall in the South West Counties Meeting in Somerset. The County Meeting was well attended and approximately 150 boys ran on the day.

The second feature was a Day Coaching Course in Athletics for men and women teachers, designed to give specialist training to potential boy and girl athletes. The athletes were coached in their chosen event by qualified A.A.A. Coaches, all of whom are teachers in Cornwall. Visiting teachers studied methods of coaching in as many events as it was possible for them to see in the time available. The Course was held at St. Austell Grammar School and Par Track and 38 teachers and 140 athletes attended.

Another successful Schools' Athletics Championships Meeting was held at Par and many new records were created. Teams were again selected to take part in the South West Counties and National Meetings. Three Cornish athletes gained winners' medals, this being the finest achievement yet by a team from Cornwall.

## Camping

Progress has been maintained despite a most unfavourable summer season. The increased interest is most encouraging, since the objectives set are a distinct challenge, particularly to the secondary modern school child.

## Comparative figures

	Schools	Boys	Girls	Staff	Weeks
1954 (1st year) ...	13	154	82	31	10
1958	... 31	519	165	64	15

More canoeing was carried out than heretofore as more schools have built their own canoes and the site at Restronguet was ideal for this purpose, despite the unfavourable weather.

## Swimming

One day courses for teachers were held at Launceston and Penzance. The first aim, to improve the standard of instruction, was well covered; and the second aim, to demonstrate the techniques required in the swimming tests, was well emphasised.

This year, 2,086 children entered for the four certificates available and successes were as follows:—

Elementary 954 Intermediate 173 Advanced 38 Distance 185 This showed a falling off generally compared with 1957, the initial year, as was to be expected. However, there was a small increase in the number of children gaining the advanced certificate.

There is sound and steady progress in this important aspect of physical education and not only is interest growing in schools, but local authorities are now turning their thoughts towards the building of baths. Swimming baths are the primary need and until more are built all efforts must needs be piecemeal and only partially successful.

## GIRLS

In all modern gymnastics and movement training for older girls, a safe clean floor is essential and in an all-purpose hall it is often difficult to maintain one.

The weather during the past year has shown how important it is for all schools to be equipped with some form of indoor accommodation for physical education.

The lack of hard tennis courts in the grammar schools is bound to have an adverse effect on the general standard of tennis especially in the upper age groups, as the use of public courts, in the few places

where they are available, cannot be the answer to this very real problem.

'Keep Fit' classes for women increased during the year, but progress is hampered by the difficulty of training leaders in this rather specialised field.

### **Games**

Congratulations must be given to those who organised the hockey and netball tournaments and the tennis cup competitions and completed them in spite of the weather in 1958. County matches both junior and senior were arranged for hockey and netball teams and they acquitted themselves with dignity if not with outstanding success. The under fifteen hockey tournament was won by the Truro County Grammar School and the senior schools' tournament was a tie between the School of St. Clare and Truro County Grammar School. The junior netball tournament was won by Daniell Road County Secondary School for Girls and the senior by Camborne County Grammar School for Girls. Bodmin C.P. school won the all-age primary schools' tournament. The Watkins Cup for girls' tennis was won by Falmouth High School and the Meares Cup for boys by Truro School. The Young Farmers' Clubs again organised a series of netball tournaments in different parts of the County, Probus Young Farmers being the eventual winners.

### **BOYS**

#### **Rugby**

Interest in schools' Rugby is as keen as ever and as the new secondary schools open, so more teams enter the inter-schools fixture list. Two trials were held, at Redruth and Penzance, to select the under 15 years team to play Devon at Brixham. Cornwall won this match by a narrow margin, at least one member of this team showing potential schoolboy international ability.

The Public and Grammar Schools XV's were not so successful. They lost both their games, against Devon at Plymouth, and Cornwall Colts at St. Ives.

#### **Cricket**

The Cornwall Schools' Cricket Association is now well established and the interest shown in the inter-schools matches and the County team is maintained. Trials were held to select a representative XI to play Devon at Plymouth.

The pitches at new secondary schools are now having a beneficial effect on the general standard.

## **Boxing**

County Finals were not held this year because of the lack of sufficient entries to warrant such a meeting, although a few boxers of the necessary calibre were available to represent Cornwall in the South West Counties Meeting which was held at Exmouth. Two Cornish boxers won decisive victories and these boys continued to win through the ensuing eliminating bouts to qualify for the National Finals. These were held at Brighton and this was the first time since the C.S.A.B.A. was formed that Cornwall schools were represented in them.

One secondary school held its Annual House Boxing Championships in which more than 150 boys boxed to qualify for the final bouts.

## **Association Football**

Shield and Diamond Jubilee Competitions continued as usual and because of the success of the home and away system in 1957, it was decided that it should continue in the 1958 season.

Cornwall beat Somerset in the annual home and away County games, gaining a decisive 8—2 victory in the home game held at Newquay.

1958 marked the formation of the Cornwall Grammar Schools F.A. and trials were held to select a representative team. An interesting and successful experiment was conducted by this Association, that of holding Soccer Referees' examination for grammar school boys designed mainly to improve their knowledge of the rules and to encourage them to take up the duties of refereeing house, school, and other matches. About 200 boys took the examination.

## **The Duke of Edinburgh's Award**

The pilot scheme having ended, this year of controlled expansion has seen an increase in the number of boys entering for the Silver and Gold Awards. The first boy from Cornwall to obtain a Gold Award received it from the Duke of Edinburgh at Buckingham Palace in November. Over 400 boys are participating in this scheme, representing 10 schools and 5 youth clubs, and some other boys are taking part through national associations. The Gold stage has, by its adventure training, really extended the older boys and challenged them to the full. Some of the expedition work on Dartmoor has been outstandingly good. In the correct application of the Scheme a vast amount of checking, organisation and training is required in the schools and clubs. This is a mixed blessing, for whilst it undoubtedly brings members of staffs in closer touch with the boys, nevertheless, in grammar schools it taxes a very full programme even more. Still, it is a fine Scheme."

## PART I

### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By Year of Birth)		No. of Pupils Inspected	Physical Condition of Pupils Inspected			
			Number	% of Col. 2	Number	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	
1954 and later ...		19	19	100.0	—	—
1953	...	1,095	1,075	98.2	20	1.8
1952	...	2,945	2,882	97.9	63	2.1
1951	...	475	469	98.8	6	1.2
1950	...	193	190	98.4	3	1.6
1949	...	100	100	100.0	—	—
1948	...	113	111	98.2	2	1.8
1947	...	3,034	2,984	98.3	50	1.7
1946	...	2,321	2,285	98.5	36	1.5
1945	...	341	336	98.6	5	1.4
1944	...	1,341	1,316	98.1	25	1.9
1943 and later ...		2,747	2,715	98.8	32	1.2
<b>TOTAL</b>	...	<b>14,724</b>	<b>14,482</b>	<b>98.4</b>	<b>242</b>	<b>1.6</b>

TABLE B — PUPILS FOUND TO REQUIRE TREATMENT  
AT PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	For Defective Vision (Excluding Squint)	For any of the other con- ditions recorded in Part II A.	Total Individual Pupils
1954 and later	...	2	2
1953	53	190	208
1952	168	503	576
1951	34	124	128
1950	19	46	54
1949	9	18	26
1948	18	33	44
1947	347	484	734
1946	312	382	617
1945	57	60	104
1944	239	294	464
1943 and later	377	456	705
TOTAL	1,633	2,592	3,662

TABLE C — OTHER INSPECTIONS

Number of Special Inspections	...	...	12,836
Number of Re-Inspections	...	...	5,923
TOTAL	...	...	18,759

TABLE D — INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in the schools by the School Nurses or other authorised persons	...	...	...	170,542
(ii) Total number of individual pupils found to be infested				311
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	311
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	...	...	...	6

[The incidence of infestation in the County is 0.64%].

## PART II

### DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A — PERIODIC INSPECTIONS

Code No.	Defect or Disease	ENTRANTS		LEAVERS		OTHERS		TOTAL		
		T.	O.	T.	O.	T.	O.	T.	O.	
4.	Skin	...	69	27	93	33	87	34	249	94
5.	Eyes—									
	a. Vision	...	352	331	596	59	685	117	1,633	507
	b. Squint	...	128	25	73	6	83	13	284	44
	c. Other	...	18	9	32	14	35	17	85	40
6.	Ears—									
	a. Hearing	...	32	76	13	10	31	38	76	124
	b. Otitis Media	...	27	49	16	17	12	27	55	93
	c. Other	...	5	4	10	2	13	11	28	17
7.	Nose or Throat	...	186	266	104	21	76	93	366	380
8.	Speech	...	37	122	10	7	22	28	69	157
9.	Lymphatic Glands	...	30	128	7	3	9	42	46	173
10.	Heart	...	17	67	25	47	8	75	50	189
11.	Lungs	...	66	88	24	27	44	54	134	169
12.	Developmental—									
	a. Hernia	...	8	9	6	—	3	2	17	11
	b. Other	...	10	16	3	8	7	9	20	33
13.	Orthopaedie—									
	a. Posture	...	16	36	60	59	80	119	156	214
	b. Feet	...	125	69	71	38	113	84	309	191
	c. Other	...	69	92	63	29	87	47	219	168
14.	Nervous system—									
	a. Epilepsy	...	12	10	6	2	9	10	27	22
	b. Other	...	2	6	5	6	6	6	13	18
15.	Psychological—									
	a. Development	...	29	23	55	12	41	42	125	77
	b. Stability	...	21	27	18	—	25	35	64	62
16.	Abdomen	...	15	9	21	—	13	11	49	20
17.	Other	...	46	16	36	15	69	31	151	62

T.—means requiring treatment.

O.—means requiring observation.

TABLE B — SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease		Requiring treatment	Requiring observation
4. Skin	...	...	44	9
5. Eyes—	a. Vision	...	976	217
	b. Squint	...	79	16
	c. Other	...	8	17
6. Ears—	a. Hearing	...	31	20
	b. Otitis Media	...	10	13
	c. Other	...	4	2
7. Nose or Throat	...	...	51	31
8. Speech	...	...	29	9
9. Lymphatic Glands		...	4	9
10. Heart	...	...	5	9
11. Lungs	...	...	20	11
12. Developmental—				
	a. Hernia	...	2	1
	b. Other	...	1	8
13. Orthopaedic—				
	a. Posture	...	9	9
	b. Feet	...	22	9
	c. Other	...	26	11
14. Nervous system—				
	a. Epilepsy	...	7	1
	b. Other	...	2	2
15. Psychological—				
	a. Development	...	12	21
	b. Stability	...	9	12
16. Abdomen	...	...	6	4
17. Other	...	...	36	30

### PART III

#### TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

NOTES:—This part of the return should be used to give the total numbers of:—

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A — EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	... 25
Errors of Refraction (including squint)	... 3,026
<b>Total</b>	<b>3,051</b>

Number of pupils for whom spectacles were prescribed ... 2,085

TABLE B — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	... 0
(b) for adenoids and chronic tonsilitis	... 230
(c) for other nose and throat conditions	... 0
Received other forms of treatment	... 0
<b>Total</b>	<b>230</b>

Total number of pupils in schools who are known to have been provided with hearing aids:—

- (a) in 1958 ... 9
- (b) in previous years ... 28

TABLE C — ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments	... Figures not available
(b) Pupils treated at school for postural defects	...
TOTAL	...

TABLE D — DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm—(i) Scalp	...
(ii) Body	...
Scabies	...
Impetigo	...
Other skin diseases	...
TOTAL	...

TABLE E — CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	...	473
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TABLE F — SPEECH THERAPY

Pupils treated by Speech Therapists	...	353
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TABLE G — OTHER TREATMENT GIVEN

(a) Pupils with minor ailments	...	42
(In M.A. Clinics)		
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	0
(c) Pupils who received B.C.G. vaccination	...	2,509

#### PART IV

#### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers:—

(a) At Periodic Inspections	...	...	...	28,470
(b) As Specials	...	...	...	1,649
	Total (1)	...	...	30,119

(2) Number found to require treatment	...	...	20,784
(3) Number offered treatment	...	...	19,014
(4) Number actually treated	...	...	9,592
(5) Number of attendances made by pupils for treatment including those recorded at heading 11(h) below	...		21,506
<hr/>			
(6) Half-days devoted to: Periodic (School) Inspection	...		298
Treatment	...	...	2,958
Total (6)	...		3,256
<hr/>			
(7) Fillings: Permanent Teeth	...	...	16,279
Temporary Teeth	...	...	1,313
Total (7)	...		17,592
<hr/>			
(8) Number of teeth filled: Permanent Teeth	...	...	13,411
Temporary Teeth	...	...	1,236
Total (8)	...		14,647
<hr/>			
(9) Extractions: Permanent Teeth	...	...	2,879
Temporary Teeth	...	...	6,080
Total (9)	...		8,959
<hr/>			
(10) Administration of general anaesthetics for extraction	...		1,815
<hr/>			
(11) Orthodontics:			
(a) Cases commenced during the year	...	...	182
(b) Cases carried forward from previous year	...	...	236
(c) Cases completed during the year	...	...	78
(d) Cases discontinued during the year	...	...	81
(e) Pupils treated with appliances	...	...	250
(f) Removable appliances fitted	...	...	285
(g) Fixed appliances fitted	...	...	—
(h) Total attendances	...	...	2,944
<hr/>			
(12) Number of pupils supplied with artificial dentures	...		154
<hr/>			
(13) Other operations: Permanent teeth	...	...	8,630
Temporary teeth	...	...	4,119
Total (13)	...		12,749
<hr/>			

## HANDICAPPED PUPILS

	(1) Blind (2) Partially Sighted	(3) Deaf (4) Partially Deaf	(5) Delicate (6) Physi- cally Handi- capped	(7) Educa- tionally sub-normal (8) Mal- adjusted	(9) Epileptic	Total				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
During 1958:										
Handicapped Pupils										
A. Newly placed in Special Schools or Boarding Homes ..	2	0	3	2	5	7	15	9	1	44
B. Newly ascertained as requiring education at Special Schools or boarding in Homes	3	0	2	2	1	6	22	11	2	49
On 31st January, 1959:										
C. Number of Handicapped pupils:										
(i) Attending Special Schools as:										
(a) Day Pupils ..	0	0	0	0	0	0	15	0	0	15
(b) Boarding Pupils ..	13	3	21	9	4	12	52	0	4	118
(ii) Attending independent Schools under arrangements made by the authority ..	0	0	2	0	2	6	1	1	0	12
(iii) Boarded in Homes and not already included under (i) or (ii) ..	0	0	0	0	1	0	0	15	0	16
Total (C) ..	13	3	23	9	7	18	68	16	4	161
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(a) in hospitals ..	0	0	0	0	2	1	0	0	0	3
(b) in other groups ..	0	0	0	0	0	0	0	0	0	0
(c) at home ..	0	1	0	0	4	11	0	2	1	19
E. Number of Handicapped Pupils requiring places in special schools as:										
(a) day pupils ..	0	0	0	0	0	0	5	0	0	5
(b) boarding pupils ..	2	2	3	1	0	6	37	3	1	55
F. Number of Handicapped Pupils on the registers of Hospital Special Schools ..	32.									



